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CONFIRMATION NO. 5160

<b>SERIAL NUMBER</b> 10/762,670	<b>FILING OR 371(c) DATE</b> 01/22/2004 <b>RULE</b>	<b>CLASS</b> 710	<b>GROUP ART UNIT</b> 2182	<b>ATTORNEY DOCKET NO.</b> D/A3014
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/448,303 02/14/2003 *ABC*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none ASC*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 04/27/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> <i>18</i> 6	<b>INDEPENDENT CLAIMS</b> <i>2</i> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>EXAMINER'S SIGNATURE</b> <i>ASC</i>	<b>INITIALS</b> <i>ASC</i>		

**ADDRESS**  
 Patent Documentation Center  
 Xerox Corporation  
 Xerox Square 20th Floor  
 100 Clinton Ave S.  
 Rochester, NY 14644

**TITLE**  
 System for determining communication parameters associated with an unknown digital printer

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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